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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Type a plus sign (+) inside this box + 0010/PTO U.S. Department of Commerce H 5165 PCT/US Attorney Docket Patent and Trademark Office Rev. 6/95 Number First Named Inventor Wolff, Wolfgang DECLARATION FOR COMPLETE IF KNOWN UTILITY OR DESIGN Application Number PATENT APPLICATION Filing Date **Group Art Unit** Declaration Declaration Submitted after Submitted **Examiner Name** with Initial Filing Initial Filing As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Active Ingredient Combinations for Hair-Dyeing Agents (Title of the Invention) the specification of which is attached hereto Х as United States Application Number or PCT International was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. Lacknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed. Foreign Filing Date (MM/DD/YYYY) Certified Copy Attached? Priority Prior Foreign Application Number(s) Country Not Claimed YES NO 04/27/2001 101 209 14.2 Germany Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Additional provisional Filing Date (MM/DD/YYYY) Application Number(s) application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code >120 of any United States application(s), or >365@ of any PCT international application
designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior
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disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations >1.56 which became available between the filing
date of the prior application and the national or PCT international filing date of this application.

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Additional	attorney(s) and/or agent(s) named o	on a supple	mental	sheet a	ttached he	reto.							
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Inventor's Signature				<u>.</u>						Date					
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DECLARATION									ADDITIONAL INVENTOR(S) Supplemental Sheet								
Name of Additional Joint Inventor, if any:								A petition has been filed for this unsigned inventor									
Given Mustafa				Middle Initial				7	Akram	Suffix e.g. Jr.							
Invent Signat								Date									
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Post Office Address																	
City 22457 Hamburg State					Zip		Со	untry	German	Applicant Authority							
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor																	
Given Name		Hiros	hi		Middle Initial	I		Family Name	T	Tanaka		Suffix e.g. J					
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